MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05842

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 24 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1336 Missouri Ave,NW

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) John (Last) BAUDOIN

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-26-1887

9. AGE last birthday: 61 yrs. If under 1 year: Months 11 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Louisiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sylvester Baudoin, Louisiana DEC

14. MOTHER'S MAIDEN NAME: Bridgett Falgout, Louisiana DEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW One

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wife: Hedwigw Baudoin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the Prostate & Metastases — 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial failure

177
518

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease nr condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 April, 1949, to 21 June, 1949, that I last saw the deceased alive on 21 June, 1949, and that death occurred at 9:55P m., from the causes and on the date stated above.

SIGNATURE: W.W.Miller Jr. (Degree or title): LT, MC, USN ADDRESS: U S NAVAL HOSPITAL DATE SIGNED: 6-22-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-24-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 6-22-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Takoma Funeral Home. Takoma, D.C. ADDRESS

L.L.E.

VS. A15

RECEIVED
JUN 2[illegible] 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05843

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817 Veirs Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS 17 (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) Janet (Last) Bean
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 15, 1889
9. AGE last birthday: 60 years (yrs.) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George S. DeLander
14. MOTHER'S MAIDEN NAME: Frances S. Herbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Eugene G. Bean (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

Antecedent cause(s) — Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage, high arterial Tension — 6-10 years
(c) and Cardiac Hypertrophy

331
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to June 23, 1949, that I last saw the deceased alive on June 20, 1949, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William C. Fuller M.D. Gaithersburg, Md 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 25, '49 | NAME OF CEMETERY OR CREMATORY: Rockville Union Cem. | LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG. 6-25-49 | REGISTRAR'S SIGNATURE: Ed Thompson | 24. FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Rockville, Md.
Robert A. Pumphrey

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115844

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5527 Oakmont Avenue

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) McKendrick (Last) Bell

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 5, 1904

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James McKendrick

14. MOTHER'S MAIDEN NAME: Allie E. Glover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): - -

16. SOCIAL SECURITY NO.: 218-24-3441

17. INFORMANT: Alfred P. Bell (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Adenocarcinoma to liver	2 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of breast, Related	5 months
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: January 1949

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma left breast.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 12, 19 49, to June 23, 19 49, that I last saw the deceased alive on June 22, 19 49, and that death occurred at 5:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bruce F. Benjamin M.D. Bethesda Md. 6/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE: June 25, '49
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Prince Georges Maryland

DATE REC'D BY LOCAL REG. 6-25-49
REGISTRAR'S SIGNATURE: M E Jobes

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

Robert A. Pumphrey

RECEIVED
JUN 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05845

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; MARYLAND LENGTH OF STAY (In this place) 23 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. Co. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Floater (Middle) (Last) Bishop

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 12 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Olney Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Arch Bishop

14. MOTHER'S MAIDEN NAME: Caroline Hackett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bertha Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of 5th dorsal Vertebrae with

902.1 Antecedent cause(s) 1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) injury to Cord — 24 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm (CITY OR TOWN) Sandy Spring (COUNTY) Monty (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 25-49-1:10 P m.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Fell from hay loader

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. ADDRESS: Lauthenburg md DATE SIGNED: 6-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 29 NAME OF CEMETERY OR CREMATORY: Sandy Spring LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG. 6-29-49 REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: Robert L Snowden ADDRESS: Rockville Md

VS. A15A

RECEIVED
JUL 8 1949
BUREAU V. S.

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05846

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

FILM No. G 120 JUN 15 1949

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Md. R F D # 3
LENGTH OF STAY (In this place): 19 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Md. R F D # 3
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Benjamin (Last) Black

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 8, 1886 — AGE last birthday: 62 yrs. — If under 1 year: Months: 6 Days: 20 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asbury Black

14. MOTHER'S MAIDEN NAME: Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mary Black

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure, with decompensation,	1 week.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & hypertension	5 years
	(c) Hemiplegia, right	2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to June 3, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 11 45 A. m., from the causes and on the date stated above.

SIGNATURE: Wm A. Smithers, M.D. — (Degree or title) — ADDRESS: Rockville, Md. — DATE SIGNED: 6/6/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/6/49 — NAME OF CEMETERY OR CREMATORY: # 10 — LOCATION (City, town, or county) (State): Cabin John, Maryland.

DATE REC'D BY LOCAL REG.: 6/6/49 — REGISTRAR'S SIGNATURE: N. E. Jobes — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05848 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carderock — LENGTH OF STAY (in this place) 30 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carderock
HOSPITAL OR INSTITUTION OR STREET ADDRESS McArthur Boulevard	STREET ADDRESS (If rural, give location) McArthur Boulevard

3. NAME OF DECEASED (Type or Print)	(First) AARON	(Middle) GRACEN	(Last) BOLTON	4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 29, 1888	9. AGE last birthday 61 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Potomac, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Louis E. Bolton		14. MOTHER'S MAIDEN NAME --		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs Frances S. Bolton (wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) 44S

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Cardio-Vascular Disease 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage, with Paralysis (1946)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1948, to April 8, 1949, that I last saw the deceased alive on april 8, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George B. Patrick Jr	MD	8700 Colesville Rd, Silver Spring, Md.	June 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 10, 1949	NAME OF CEMETERY OR CREMATORY Potomac Methodist Ch.	LOCATION (City, town, or county) (State) Potomac, Montgomery, Md.
DATE REC'D BY LOCAL REG. 6-10-49	REGISTRAR'S SIGNATURE W. E. Jobes	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

RECEIVED
JUN 13 1949
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 120 JUN 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05848

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 Carroll Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bangor R. F. D. #3
STREET ADDRESS (If rural give location) Depews Ferry Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HOWARD M. BRITTAIN

4. DATE OF DEATH (Month) (Day) (Year) June 1 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 25, ~~1861~~ 1862
9. AGE last birthday 86 yrs. If under 1 year Months 6 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Martin's Creek, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Clara N. Tarbett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	3 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease.	10 years
	(c) Arteriosclerosis	10 years

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal gangrene right foot.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 1, 1948, to June 1, 1949, that I last saw the deceased alive on 1 June, 1949, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE G B Queen (Degree or title) M.D. ADDRESS 112 Willow Ave Takoma Park, Md. DATE SIGNED 1 June 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 6, 1949
NAME OF CEMETERY OR CREMATORY Three Church Hill Cemetery
LOCATION (City, town, or county) (State) Martin's Creek, Pa.

DATE REC'D BY LOCAL REG. 6/7/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05849

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Bethesda
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS 3107- W Place, N.W. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) BROOKS

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Unknown

8. DATE OF BIRTH: 11/27/68

9. AGE last birthday: 80 yrs. If under 1 year: Months 8 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Army

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown, Dec.

14. MOTHER'S MAIDEN NAME: Unknown, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American

16. SOCIAL SECURITY NO.:

17. INFORMANT: Niece: Mrs. Elizabeth McDonald

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subdural hematoma	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis Generalized	
	(c)	

450.0
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 May, 1949, to 13 June 1949, that I last saw the deceased alive on 13 June 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE S.R. Mills (Degree or title) ADDRESS DATE SIGNED

S.R. MILLS, Jr., LTJG, MC, USN U.S.Naval Hospital, Bethesda, Md. 6/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-16-49
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetary
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 6/14/49
REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: Robert A. Mattingly S.E., Wash, D.C. ADDRESS 131-11th Street, N.W.

RECEIVED
JUN 16 1949
BUREAU V. S.

Brown

05850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6412 Ridgewood Avenue	STREET ADDRESS (If rural give location) 6412 Ridgewood Ave.,

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Jay	(Last) Brown	4. DATE OF DEATH	(Month) June (Day) 2 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1877	9. AGE last birthday 71 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Correspondent	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Stephen C. Brown	14. MOTHER'S MAIDEN NAME Frances C. Holder				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --	16. SOCIAL SECURITY NO. 579-03-9113	17. INFORMANT Mrs. Marjorie Rush (sister) 6 Woodside Rd., Winchester, Mass.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	5 min.
420.1 Antecedent cause(s)	(b) Acute Coronary Occlusion & myocardial	1st coronary, attack 9 April 49
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) degeneration with decompensation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic prostatism, benign

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1946, to 2 June, 1949, that I last saw the deceased alive on 28 June, 1949, and that death occurred at 7 10 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp, M.D. (Degree or title) ADDRESS 3921 Ingomar St. Wash. D.C. DATE SIGNED 2 June '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 6, 1949	NAME OF CEMETERY OR CREMATORY Congressional Cemetery	LOCATION (City, town, or county) Washington, (State) D.C.
DATE REC'D BY LOCAL REG. 6-4-49	REGISTRAR'S SIGNATURE N. E. Jobes	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05851

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 2 days 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1365 Geranium St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) none (Last) Burnham

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 3-14-80

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Retired Mechanical Engineer

11. BIRTHPLACE (State or foreign country) Norwich Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas. H. Burnham.

14. MOTHER'S MAIDEN NAME Catherine Lanman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage R c L hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 2 ~ days

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — for years

830 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1949, to 6/6, 1949 that I last saw the deceased alive on 6/5, 1949, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS 500 Underwood St. N.W. Wash. D.C. DATE SIGNED JUN 6 1949

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 6/9/49 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem LOCATION (City, town, or county) Cr. George Co. (State) Md

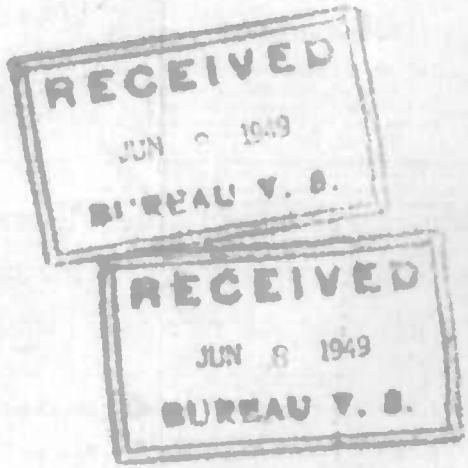
DATE REC'D BY LOCAL REG. 6/6/49 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14 St. N.W. D.C. Wash.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T


RECEIVED
JUN 1949
BUREAU V. S.
RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05852

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 mo. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosemount, Halesthrope (27)
STREET ADDRESS (If rural, give location) 2818 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	Isaac	BUSHONG	June	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	W-US	married	1-23-92	57 yrs.	4	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: BUSHONG, Thomas J.
14. MOTHER'S MAIDEN NAME: MORRAS, Anna L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: wife: Mrs. Ida L. Bushong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus — Minutes

162 / 47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia Carcinoma — Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 11:35 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. N. Shelley
R. N. SHELLEY, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 6-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	June 16, 1949	New National	Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-13-49 | REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook Inc. Funeral Home, Baltimore, Md.

Wm Cook Inc per W. P. Dulmann

VS. A15

RECEIVED
JUN 15 1949
BUREAU V. S.

Evidence for addition of #7 is shown on:
FILM No. G 121 JUL 12 1949

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

05853

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownstown
STREET ADDRESS (If rural, give location) Germantown, Md.

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) (Last) CAMPBELL
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH April 23 1873
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (State or foreign country) Germantown, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Brown
14. MOTHER'S MAIDEN NAME Clara Frazier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Henry Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute pulmonary edema	12 Hours.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	app. 20 years
	(c) arteriosclerotic heart disease	3-4 years

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 28 June, 1949, that I last saw the deceased alive on 28 June 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE John S. Fawcett (Degree or title) M.D. ADDRESS Boyd, Md. DATE SIGNED 29 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 2, 1949
NAME OF CEMETERY OR CREMATORY Brownstown Church
LOCATION (City, town, or county) Germantown, Md. (State)
DATE REC'D BY LOCAL REG. June 30, 1949
REGISTRAR'S SIGNATURE Alverda P. Cooke
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05854

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville; MARYLAND; LENGTH OF STAY (In this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Wilbur (Middle) Emil (Last) CECIL

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Married

8. DATE OF BIRTH: Oct. 2, 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): West Virginia or Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eleven Rice Cecil

14. MOTHER'S MAIDEN NAME: Elizabeth Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-20-3196

17. INFORMANT: Mrs. Chas. Craver - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	10 yrs.
	(c) Hypertensive Heart disease	12 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy - Diabetes Mellitus.

442
61

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to June, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard Q. Yates, M.D. RFD#1 Silver Spring, Md. 6-6-49

23. BURIAL, CREMATION / REMOVAL (Specify): BURIAL — DATE: 6-8-49 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY — LOCATION (City, town, or county) (State): FREDERICK, MD

DATE REC'D BY LOCAL REG. 6-6-1949 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR ADDRESS: M.R. ETCHISON AND SON, FREDERICK, MD

RECEIVED
JUN 17 1949
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~ Death

05855

Reg. Dist. No. 215

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: US Naval Hospital

Length of mother's stay in County: 1 day
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State: Washington, D. C.

County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3913 Burns Pl., S.E., Apt. 32
(If RURAL give LOCATION)

3. Name of child: CLAUS, Robert Dale

4. Date of birth: 6-9-49 Hour: 2 A M.

5. Sex: male | 6. Twin or triplet: -

7. No. of weeks pregnancy: 5½ months

FATHER OF CHILD

8. Full name: CLAUS, Leo Dale

9. Color: W-US 10. Age at time of this birth: 19 yrs.

11. Usual occupation: Navy

MOTHER OF CHILD

12. Full maiden name: BROWN, Barbara Ann

13. Color: W-US 14. Age at time of this birth: 19 yrs.

15. Usual occupation: housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? During labor?

18. Pregnancy, complications of

19. Labor: (a) Complications of

(b) Induced?

20. (a) Was there an operation for delivery? (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?

During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes

(b) Maternal causes Placenta praevia

761.5

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

160

Signature: S. L. ARJE, CDR., MC USN
(Specify if M. D., midwife, or other)

Address: US Naval Hospital, Bethesda, Md.

23. (a) burial (b) Date thereof 6-13-49
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory: Arl. Nat'l. Arl., Va.

24. (a) Funeral director: W. W. CHAMBERS

(b) Address: Georgetown, D.C.

25. (a) 6-9-49 (Date rec'd by registrar) (b) Mary C. Patterson (Registrar)

Mary C. Patterson

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

CHILD LIVED 20 minutes

V. S. A10

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

TP 015856

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD #2 Silver Spring Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home RFD #2 Silver Spring Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Geo's Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill Md
STREET ADDRESS (If rural give location) 4744 Clifton Rd S E

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) S. (Last) CLIFTON

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 6 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Clifton

14. MOTHER'S MAIDEN NAME: Elizabeth Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jolliffe Nursing Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral accident	12 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardiovascular disease,	6-8 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/25/49 19..... to 6/26/49 19....., that I last saw the deceased alive on 6/25/49, 19....., and that death occurred at 12:23 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Maud W. Boston M.D. 113 Carroll St Tak. Pk. Md 6/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 29, 1949 — NAME OF CEMETERY OR CREMATORY: St. Barnabas — LOCATION (City, town, or county) (State): Oxon Hill Md

DATE REC'D BY LOCAL REG.: June 27, 1949 — REGISTRAR'S SIGNATURE: Josephine M Delaroffe

24. FUNERAL DIRECTOR: Simmons Brothers — ADDRESS: 2007 Nichols Ave SE Wash D C

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RECEIVED
JUN 30 1949
BUREAU U. S.

05857

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND — 10000 Ge. Ave.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple ~~Leaf~~ Lane Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) Colburn (Last)

4. DATE OF DEATH (Month) June (Day) 17" (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 7/26/45 | 9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | 10b. KIND OF BUSINESS OR INDUSTRY U.S.Govt. Clerk | 11. BIRTHPLACE (State or foreign country) Orono, Me | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Colburn | 14. MOTHER'S MAIDEN NAME Maria Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart block & Coronary disease

155 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility, Vitreo Retinitis, gall stones

(c) & perhaps cancer of gall bladder

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. also inoculation

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to June 17, 1949, that I last saw the deceased alive on June 17 1949, and that death occurred at 4.45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Julian M. Gillespie (734) Hotel Colonial 6-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/20/49 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Bladensburg Rd.

DATE REC'D BY LOCAL REG. June 20 1949 | REGISTRAR'S SIGNATURE Josephine Schaeffer | 24. FUNERAL DIRECTOR Harry L Slyer 1009 H St. N.W. DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

na 2892

RECEIVED
JUN 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05858 213

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Travillah — ~~Rfd Rockville~~
STREET ADDRESS (If rural give location): Gaithersburg, Route-3

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Conners (Last)
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Unknown — AGT 1857
9. AGE last birthday: 97 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe-maker
10b. KIND OF BUSINESS OR INDUSTRY: Repaired Harness
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~no~~ (If year, give war or dates of service): Civil war
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Minnie Lillian Conners

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 days

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

830 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐: —
HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June-18-, 1949, to June 22-, 1949, that I last saw the deceased alive on June-18-, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller, M.D. — ADDRESS Gaithersburg, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 24, '49 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg, Maryland

DATE REC'D BY LOCAL REG.: 6-23-49 — REGISTRAR'S SIGNATURE: E P Thompson — 24. FUNERAL DIRECTOR: Robert A. Pumphrey, Bethesda, Md — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 24 1949
BUREAU V. S.

1949
97
1852

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15859)

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
LENGTH OF STAY (in this place) 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Clarence (Last) CRAVER
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 28, 1875
9. AGE last birthday: 74 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Craver
14. MOTHER'S MAIDEN NAME: Laura Ramsberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give WAR or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Rose Craver - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolus	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	7 weeks
341 838	(c) Thrombophlebitis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1949, to June, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	M. D.	RFD #1 Silver Spring Md.	6/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 24/1949	Union Chapel	Frederick Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-29-49	Gertrude B Lawler	Roy W Barber	Taylorsville

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH TN

2411 N. Charles Street, Baltimore

05860

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park LENGTH OF STAY (in this place) 5 months	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Villa	STREET ADDRESS (If rural give location) ?

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) L (Last) Crawford			4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH (Month) unknown (Day) 1878	9. AGE last birthday 71? yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Nurse	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No,	16. SOCIAL SECURITY NO. None		17. INFORMANT Hospital records		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 weeks.
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Renal Vascular Disease	8-10 yrs.
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 March, 1949, to 23 June, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 12 50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
T. B. Queen	M.D.	112 Willow Ave Takoma Park, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 6/23/49	NAME OF CEMETERY OR CREMATORY Gasch Funeral Home	LOCATION (City, town, or county) Hyattsville (State) Md
DATE REC'D BY LOCAL REG. 6/23/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR F. Gascha sons	ADDRESS Hyattsville Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

216-
Africa

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

r5861

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookmont
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6016 Ridge Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookmont
STREET ADDRESS (If rural, give location): 6016 Ridge Dr.

3. NAME OF DECEASED (Type or Print): (First) Lizzie Arlyn (Middle) Cutting (Last)

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1949

5. SEX: fe

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 31 1866

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.H.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Danial C. Cavrly

14. MOTHER'S MAIDEN NAME: Sarah C. Fernald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Dr. Reginald Cutting

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of bladder with — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) general metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 6-22-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: June 23 1949 | NAME OF CEMETERY OR CREMATORY: Lee Funeral Home | LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REG.: June 22. 1949 | REGISTRAR'S SIGNATURE: Josephine M Schaeffe | 24. FUNERAL DIRECTOR — ADDRESS: Lee Funeral Home 3004th St NE DC

RECEIVED
JUN 20 1949
BUREAU V. S.

05862

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH· COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine View Hest Home	STREET ADDRESS (If rural give location): First Street

3. NAME OF DECEASED (Type or Print) (First) Mary	(Middle) M.	(Last) Dement	4. DATE OF DEATH (Month) June	(Day) 4th	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Apr. 20/69	9. AGE last birthday: 80 yrs.	If under 1 year: Months 1 Days 14; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Robert Bruce Meads		14. MOTHER'S MAIDEN NAME: Mary Ellen Kirby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Gladys Smith (Daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

154 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Widespread metastatic carcinoma

46d (c) Carcinoma of the rectum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from November 1948, to 6/5, 1949, that I last saw the deceased alive on 6/5, 1949, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Y. Jaggers Jr	M.D.	5707 Wisconsin Ave Chevy Chase, Md.	6/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: June 7/49	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county): Washington	(State): D.C.
DATE REC'D BY LOCAL REG.: 6-6-49	REGISTRAR'S SIGNATURE: W. E. Jobes.	24. FUNERAL DIRECTOR: Roscoe A. Pumphrey	ADDRESS: Bethesda, Md	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

05863

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ChevyChase
LENGTH OF STAY (In this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Cummings Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5237 N.H.Ave., N.W., Wash.D.C.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Dolkin
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY – –
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Aaron Wolkov
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) – –
16. SOCIAL SECURITY NO. None
17. INFORMANT Irving Abremson (Grandson)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

9260 Immediate cause (a) Asphyxia due to drowning (accidental) sudden death

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Wandered from house and fell in fish pond.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) 6 (Day) 23 (Year) 49 (Hour) 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell in fish pond.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, occident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.S.
ADDRESS Gaithersburg Md
DATE SIGNED 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 24, 1949
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland
DATE REC'D BY LOCAL REG. 6-23-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR Sol Levinson & Bro., Baltimore, Md. ADDRESS 1124 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05864

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Walter (Last) Dorsey

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH July 25, 1870

9. AGE last birthday 78 yrs. If under 1 year Months 10 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Own business

11. BIRTHPLACE (State or foreign country) Dayton, Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Jackson Dorsey

14. MOTHER'S MAIDEN NAME Martha Ellen Lett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) S.A.W.

16. SOCIAL SECURITY No. none

17. INFORMANT Mrs Marshall Lehman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Found dead in home

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

794

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bracchat M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 15, 1949
NAME OF CEMETERY OR CREMATORY Burtonsville Union
LOCATION (City, town, or county) (State) Burtonsville, Montg. Md.

DATE REC'D BY LOCAL REG. June 13, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaffer
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc ADDRESS Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05865

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNH, Bethesda, Md. — LENGTH OF STAY (in this place) 12 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 4073 Minn.Ave, N.E., Wash., D.C. ✓

3. NAME OF DECEASED (Type or Print): (First) Alex (Middle) Joseph (Last) DOUGHERTY

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-6-97

9. AGE last birthday: 51 yrs. — If under 1 year: Months 7 Days 14 — If under 24 hrs.: Hours x Min. x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov. Emp

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alex Dougherty

14. MOTHER'S MAIDEN NAME: Mary O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. John J. Dougherty (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adeno carcinoma Colon	6 mos +
	(c)	

153
460

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 June, 1949, to 20 June, 1949, that I last saw the deceased alive on 20 June, 1949, and that death occurred at 6:05P m., from the causes and on the date stated above.

SIGNATURE J. M. Hanner
J.M.HANNER, CDR MC, USN (Degree or title)
ADDRESS U. S. Naval Hospital, Bethesda, Md.
DATE SIGNED 6-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6-23-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 6-20-49
REGISTRAR'S SIGNATURE Elizabeth Willett
Elizabeth Willett

24. FUNERAL DIRECTOR: James T. RYAN, 317 Penna.Ave.S.E.Wash., D.C.
ADDRESS James T. Ryan, D.C.

VS. A15

RECEIVED
JUN 23 1949
BUREAU

06208

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) "Baby" (Middle) (Last) Douglas

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1949

5. SEX unknown
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 12 - 49
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. unknown

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Stanley Douglas
14. MOTHER'S MAIDEN NAME Julia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Monty. Co. police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) unknown — unknown

926.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Baby found buried under house.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 9-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/10/49
NAME OF CEMETERY OR CREMATORY County Home
LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REG. Sept. 10, 1949
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1949
BUREAU T. S.

Evidence for addition of #7 is shown On:

FILM No. G 121 JUL 12 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05866

Reg. Dist. No. 2-16

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland
LENGTH OF STAY (in this place) 2 days 19½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS 5001 (If rural, give location) Roosevelt Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Dyson

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SEPARATED
8. DATE OF BIRTH: Jan. 2nd 1918
9. AGE last birthday: 31 yrs. If under 1 year: Months 6, Days 16, Hours, Min. If under 24 hrs.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter McCoy
14. MOTHER'S MAIDEN NAME: Lillie Hazlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BLEEDING INTO THE PERITONEUM 2400cc	10 HRS.
6483 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 145 a	(b) RUPTURE OF THE UTERUS	10 HRS
	(c) There was no birth (7-28-49 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. TRUE KNOT IN CORD OF FETUS CAUSING ITS DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 25, 1949 to JUNE 28, 1949, that I last saw the deceased alive on JUNE 28, 1949 and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ira W. Perlman M.D.	Suburban Hosp. Beth. 14 Md	6-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 1, 1949	Lincoln Park	Rockville, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-30-49	W E Jones	R. L. Swarden,	Rockville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05867

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md, — LENGTH OF STAY (in this place) 65yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mog
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bates (Middle) (Last) Etchison

4. DATE OF DEATH: (Month) 6 (Day) 23/49 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 26/1883

9. AGE last birthday: 65 yrs. | If under 1 year: Months 9, Days 27 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr,

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gaithersburg Md,

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Melvin Etchison

14. MOTHER'S MAIDEN NAME: Martha Clagett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war and dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lucille Etchison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	10 min.
420.1 Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	3 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate — 3 mo ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19XX, to June 23 19XX, that I last saw the deceased alive on 6-20, 19XX, and that death occurred at 2 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank J. Brockhart M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 6-23-XX

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/25/49 — NAME OF CEMETERY OR CREMATORY: Forest Oak. — LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG.: June 23, 1949 — REGISTRAR'S SIGNATURE: Arnold L. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner — ADDRESS: Gaithersburg Md

RECEIVED
JUN 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

058687

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (in this place): 72 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4431 Old Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Jesse (Last) FARRAR

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-19-05

9. AGE last birthday: 43 yrs. — If under 1 year: Months 11 Days 24 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Clerk

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Farrar

14. MOTHER'S MAIDEN NAME: Minnie Mallory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sister: Mrs Gertrude Nevins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bronchogenic, Epidermoid — 6 mos

162 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 47c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1949 to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE: John W. Flynn — (Degree or title) — ADDRESS — DATE SIGNED

JOHN W. FLYNN, LT. JG MC USN, USNH Bethesda, Md. — 6-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Memorial - 6-12-1949 — NAME OF CEMETERY OR CREMATORY: Western Cemetery — LOCATION (City, town, or county): Baltimore, — (State): Maryland

DATE REC'D BY LOCAL REG. 6-11-49 — REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS 1400 Chapin St. N.W. Wash, D.C.

M&C

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15869

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (In this place): 3 mo 24 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 221 W.Jefferson St N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) "B" (Last) FISK

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-3-1908

9. AGE last birthday: 40 yrs. If under 1 year: Months 9, Days 19, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Fred Fisk New Hampshire DEC

14. MOTHER'S MAIDEN NAME: Cary Ware New Hampshire DEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W 2

16. SOCIAL SECURITY No.:

17. INFORMANT: Brother: John L.Fisk

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Bronchogenic, Epidermoid — Interval Between Onset and Death: 6 mos

162 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 470 (b) Metastatic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Feb, 1949, to 22 June, 1949, that I last saw the deceased alive on 22 June, 1949, and that death occurred at 9:49A m., from the causes and on the date stated above.

SIGNATURE: John W. Flynn (Degree or title): LTJG, MC, USN ADDRESS: U S NAVAL HOSPITAL,BETHESDA DATE SIGNED:

J.W.FLYNN

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal — DATE THEREOF: 6/23/49 — NAME OF CEMETERY OR CREMATORY: Rivendale Cemetery — LOCATION (City, town, or county) (State): Hamden, Connecticut

DATE REC'D BY LOCAL REG. 6-22-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR AND ADDRESS: W.W.Chambers 1400 Chapin St,Washington to Hamden Memorial Funeral Home,Hamden,Con

VS. A15

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RECEIVED
JUN 24 1949
BUREAU V. S.

05870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4607 Chestnut Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4607 Chestnut Avenue

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) E. (Last) FRANK

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 12, 1869
9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY - -
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sidney D. Richards
14. MOTHER'S MAIDEN NAME Rosina Northrup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) - -
16. SOCIAL SECURITY No. None
17. INFORMANT Stewart H. Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Toxemia

Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Large Intestine with Metastasis — 6 Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1948, to June, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee I. Donovan MD — ADDRESS 8016 Georgetown Road — DATE SIGNED 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jul. 5, 1949
NAME OF CEMETERY OR CREMATORY Oak View Cemetery
LOCATION (City, town, or county) Frankfort (State) New York

DATE REC'D BY LOCAL REG. 6-30-49
REGISTRAR'S SIGNATURE W. E. Jobes

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.
Robert A. Pumphrey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural); LENGTH OF STAY (in this place): 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Arlington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington; STREET ADDRESS (If rural, give location): 3822 So 7th Street

3. NAME OF DECEASED (Type or Print): (First) Charlie (Middle) (Last) Franklin

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-20-75

9. AGE last birthday: 73 yrs. If under 1 year: Months 9, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Govt Employee

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Franklin

14. MOTHER'S MAIDEN NAME: Paulina Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Span Amer

16. SOCIAL SECURITY NO.:

17. INFORMANT: Daughter: Mrs. B. F. Elam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema	5 days
	(c) Bronchopneumonia	1 day

420.0 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1949, to June 13, 1949 that I last saw the deceased alive on June 13, 1949 and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE S.R. Mills Jr. (Degree or title) S.R. MILLS, JR. LTJG, MC, USN ADDRESS U.S. Naval Hospital, Bethesda, Md. DATE SIGNED 6-14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-16-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-14-49	Mary C. Patterson	C.J. Ives Funeral Home Arlington Va.

D.C. Ed. Smith

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05872

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U S Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2248 12th Place NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reginald	(n)	GALLAWAY	6	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	12-27-1906	42 yrs.	6	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Helper		Washington D C	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Susie Gallaway Va Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW 2		Sister: Lillian Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHOPNEUMONIA	5 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MULTIPLE AVITAMINOSES	3 MONTHS
	(c) CHRONIC ALCOHOLISM	UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 23 June, 1949, to 30 June, 1949, that I last saw the deceased alive on 30 June, 1949, and that death occurred at 12:43A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.J. Aronson M.J. ARONSON	LTJG, MC, USN	U.S. Naval Hospital	7-1-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 4, 1949	Gallaway Cemetery	Orange, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-1-49	Elizabeth Willett	W. Ernest Jarvis,	1432 U St, NW, Wash. DC

E. A. J.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1942
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05873

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) 2500 Kings Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Lamont	GERLACKER	June 7 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	W-US	Widowed	9-25-94	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: GERLACKER, William H. Pa. dec.
14. MOTHER'S MAIDEN NAME: KNIEF, Martha E. Pa. dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: sister: Mrs. Samuel R. Luckett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis, coronary artery, recent.	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, coronary arteries	
	(c) Pulmonary edema	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 7, 1949, that I last saw the deceased alive on June 7, 1949 and that death occurred at 2:25 A m., from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. (Degree or title) ADDRESS DATE SIGNED

S. R. MILLS, Jr., Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 6-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6-9-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-7-49	Mary C. Patterson	W. W. Chambers	Georgetown, D.C.

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15874

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3337 Raleigh St SE ✓

3. NAME OF DECEASED (Type or Print): (First) Ethel M (Middle) Marmaduke (Last) Gordon

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 22, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 3 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Marmaduke

14. MOTHER'S MAIDEN NAME: Ruth Blaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Husband: R.B. Gordon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glioblastoma multiforme (Brain) — Interval between onset and death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 28 may 1949

19b. MAJOR FINDINGS OF OPERATION: Brain tumor

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1949, to June 4, 1949 that I last saw the deceased alive on June 4, 1949, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) ADDRESS DATE SIGNED

M. S. MADISON, LTJG,MC,USNR U.S.Naval Hospital, Bethesda, Md. 6/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/7/49
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG. 6/4/49
REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS & SONS Washington D.C.

J.E. Grove.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(15875)

Reg. Dist. No. 714

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9302 Worth Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md.
STREET ADDRESS (If rural give location): 9302 Worth Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W. (Last) Graham

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 16, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months 1 — If under 24 hrs.: Days 29, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager of Woodward Building

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Septimus T. Graham

14. MOTHER'S MAIDEN NAME: Charlotte May Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Marjorie May Leedy- Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	9-10 Yrs
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46 to 14 June, 19 49 that I last saw the deceased alive on 13 June, 19 49 and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D Aud	MD	Silver Spring Md	14 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/16/49	Rockville Union Cemetery	Rockville, Montromery, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Josephine M Schaeffer	Warner E. Pumphrey,	Silver Spring, Md.

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15876

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, (Rural) — LENGTH OF STAY (In this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 302 "V" Street N.E.
STREET ADDRESS (If rural, give location): Bethesda, Rural, Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) "O" (Last) GRAVES

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12 December, '93

9. AGE last birthday: 55 yrs. — If under 1 year: Months 6 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook & Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William "O" Graves

14. MOTHER'S MAIDEN NAME: Anna Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: Brother-in-law: Burt Lapotin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephritis, Chronic glomerular — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 1949, to 17 June, 1949, that I last saw the deceased alive on 17 June, 1949, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE: W.F. Queen — (Degree or title): W.F.QUEEN CDR, MC, U.S.NAVY — ADDRESS: U.S.NAVAL HOSPITAL,BETHESDA, MD. — DATE SIGNED: 6-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial 6/21/49 | DATE THEREOF: June 21, 1949 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va

DATE REC'D BY LOCAL REG. 6-19-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett — Elizabeth Willett | 24. FUNERAL DIRECTOR: W. W. Chambers Co. | ADDRESS: 1700 - Chapin St.

By. J. D. Poore.

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05877

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park md
LENGTH OF STAY (In this place) 28 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San v Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dc. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Dc.
STREET ADDRESS (If rural, give location) 3300 - 16th st. N.W. Dc.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Griffin

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 28-1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P.O. employee (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Spencer Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Thomas C. Griffin

14. MOTHER'S MAIDEN NAME: Margaret Kanery.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wash. San v Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
181 Immediate cause	(a) Carcinoma of Bladder with Metastasis	1 yr
526 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	
	(c) Uremia	1½ mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-2-48

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to June 14, 1949, that I last saw the deceased alive on June 14, 1949 and that death occurred at 1:20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ferdinand Abbeles MD 1835 Eye St. NW Dc June 14, '49

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF 6/17/49 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) (State) Prince Georges Maryland

DATE REC'D BY LOCAL REG. 6/14/49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14 St. N.W. Washington D.C.

VS. A15

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 806 Wayne Ave.

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Theodore (Last) Gross
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: April 18, 1871
9. AGE last birthday: 78 yrs. | If under 1 year: Months 11 Days 13 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Packer
11. BIRTHPLACE (State or foreign country): Locust Grove, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: URIAS Gross
14. MOTHER'S MAIDEN NAME: Sarah Poffenberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular fibrillation — 3-4 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 93d

(b) Arteriosclerotic Cardiovascular disease — 15 yrs.

(c) arterial thrombosis rt forearm — 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank G. Zack M.D. | 8248 Ga. Ave Silver Spring Md | 6-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 4, 1949 | NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery | LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE: W.E. Jobes

24. FUNERAL DIRECTOR: Warner E. Pumphrey | ADDRESS: Silver Spring, Md.

RECEIVED
JUN 9 1949
BUREAU V. S.

05879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

M — The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
LENGTH OF STAY (in this place) 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dora	C	Hall	June	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Single	Nov 11 1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper		Poolesville, Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John R. Hall	Sarah C. Dickman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None.	Mrs Julios Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebro-Vascular Accident	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive - Cardiovascular Disease	10 years
(c)	Auricular Fibrillation	20 days (Intermittent)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Congestive Left Ventricular Failure Hemiplegia	20 days 20 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 23 May 1949, to 10 June, 1949, that I last saw the deceased alive on 2 June, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon M. Smith	M.D	Barnesville, Md	10 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/12/49	Monocacy	Beallsville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11, 1949	Charles H. Elgin	William B Hilton,	Barnesville Md

VS. A15

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1158811

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds; LENGTH OF STAY (in this place) 8 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy = Rural; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) Adline (Last) Harner

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept 26 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months 8 Days 22 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Washington Muser

14. MOTHER'S MAIDEN NAME: Una Lavinia Tibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Charles Harner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Congestion & Arrest due to metastatic	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant neoplasm of Digestive Tract.	8 months
	(c) General Toxic Changes	

159 46m

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6 Nov., 1949, to 18 June 1949, that I last saw the deceased alive on 17 June, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon McSmith	M.D	Barnesville, Md	18 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/20/49	Plane No. 4	Mt. Airy R.F.D. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/49	Mrs. C. C. Hilton (Reg. Nurse-Dist. #4)	Wm. B. Hilton	Barnesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05881

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (In this place) 3 mo 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4701 - 48 St N.W.

3. NAME OF DECEASED (Type or Print) (First) Valerie (Middle) Camille (Last) Havard.
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7-21-73
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY (Keeps roomers)
11. BIRTHPLACE (State or foreign country) England.
12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME Germain Havard
14. MOTHER'S MAIDEN NAME Ellen Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. ?
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Inanition — INTERVAL BETWEEN ONSET AND DEATH: Terminal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Pancreas — Nine mos.

157 46g

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct. 1948
19b. MAJOR FINDINGS OF OPERATION Ca. of Pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3/, 1949, to 6/14, 1949, that I last saw the deceased alive on 6/13/, 1949, and that death occurred at 1:00 a m., from the causes and on the date stated above.

SIGNATURE Robert A Hare (Degree or title) MD. ADDRESS Takoma Park, Md. DATE SIGNED 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Vault Storage. DATE THEREOF 6/17/49 NAME OF CEMETERY OR CREMATORY H Lincoln Cem LOCATION (City, town, or county) Ph. Georges Co. (State) Md

DATE REC'D BY LOCAL REG. 6/14/49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 - 14th St. N.W Washington

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

P5882

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kenwood Golf & Country Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) Albert (Last) Hinkle

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: male | 6. COLOR OR RACE: col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Sept. 29, 1906 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months 8, Days 17 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): golf caddie | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Monty Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Hinkle | 14. MOTHER'S MAIDEN NAME: Jessie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Jessie Toney (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

20. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Broschart M.D. | Gaithersburg Md | 6-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Removed | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6-14-49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W. Ernest Jarvis | ADDRESS 1432 You St. N.W. Washington, D.C.

RECEIVED
JUN 16 1949
BUREAU V. S.

Evidence for addition of #18 II shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 121 JUL 22 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 296 — 15883

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) 1/2 hr — HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — STREET ADDRESS (If rural, give location) 8125 Wisconsin Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Neilson	Hojsgaard	June	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	May 7 1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet maker	Cabinet maker	Denmark	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hans Hojsgard	Katrina Neilsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	?
156 469	(c) Carcinoma of liver & pancreas	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Primary site believed to be pancreas (7/22/49 - A.S.)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhart M.D.		Gaithersburg Md	6-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/6/49	Rockville Union	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-49	[illegible] Jobes	Robert R. Bumphrey	Bethesda, Md.

VS. A15A

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05884

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1814 Bay St., S.E.

3. NAME OF DECEASED (Type or Print) (First) Ignacio (Middle) Lopes (Last) HUERTA
4. DATE OF DEATH (Month) June (Day) 3 (Year) 1949
5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-17-21
9. AGE last birthday 27 yrs. If under 1 year Months 5 Days 16 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calif.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME HUERTA, ?
14. MOTHER'S MAIDEN NAME LOPEZ, Edith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.
17. INFORMANT wife: Mrs. Susan L. Huerta

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chemical burns (helium) involving	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) face, mouth, pharynx and chest	20 hrs.
	(c)	

917.6
930.8
195e

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Doing deep sea diving at Naval experimental diving school, Wash. D.C.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) school
(CITY OR TOWN) Washington, (COUNTY) D. C. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) June 2, 1949 8:40A
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Lost consciousness causing spilling of fluid

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS DATE SIGNED
Dr. Frank J. Broschart, Deputy Medical Examiner, Gaithersburg, Md. 6-3-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 6-7-40
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)
DATE REC'D BY LOCAL REG. 6-3-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR W. W. CHAMBERS, 1400 Chapin St., N.W., Wash., D.C. ADDRESS

J.D.P.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

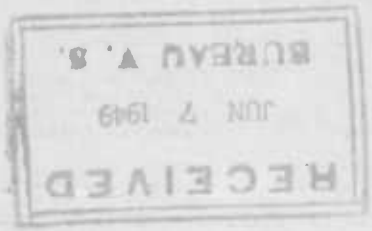
VS. A15A

6-3-49

DISTRICT OF COLUMBIA CORONER NOTIFIED.

Frank J. Broschart

Dr. Frank J. Broschart
Deputy Medical Examiner
Gaithersburg, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

05885

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sellman R.F.D. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sellman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Ivory

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1949

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH June 10-1886 | 9. AGE last birthday 63 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Martins Burg Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Ivory | 14. MOTHER'S MAIDEN NAME Martha Bucey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Jennie Ivory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Arteriosclerotic cardiovascular disease.	20 years
	(c)	

448 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 June, 1949, to 10 June, 1949, that I last saw the deceased alive on 9 June, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hobn M. Smith	M.D.	Barnesville, Md.	10 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13-1949	Mt Zion	Sellman Monty Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/49	Mrs. C.C. Hilton By Mrs. C.C.H.	Clarence H Davis.	Poolesville Md

RECEIVED
JUN 20 1949
BUREAU V. S.

05886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John Md. — LENGTH OF STAY (in this place): 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Seven Lock Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John Md.
STREET ADDRESS (If rural, give location): Seven Lock Road

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Virginia (Last) Jackson

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1858 (May)

9. AGE last birthday: 90 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Crawford

14. MOTHER'S MAIDEN NAME: Cyilla Onrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Louise A. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia (Of Kidney failure)

(c) Old age

450.0 97

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): natural causes

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN): Cabin John — (COUNTY): Montgomery — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 27, 1949 7A m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? no injury

22. I hereby certify that I attended the deceased from June 25, 1949, to June 27, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Belden R. Rapp, M.D. — ADDRESS: 2601 Elnora St., Silver Spring, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 30, 1949 — NAME OF CEMETERY OR CREMATORY: Rose Cemetery — LOCATION (City, town, or county) (State): Cabin John Md.

DATE REC'D BY LOCAL REG.: 6-30-49 — REGISTRAR'S SIGNATURE: W. E. Jones

24. FUNERAL DIRECTOR — ADDRESS: R. L. Saunders, Rockville, Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05887

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, (Rural) — LENGTH OF STAY (in this place) 12 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia, Washington
STREET ADDRESS (If rural, give location) 1731 13th St.N.W. Wash., D.C. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Temple	Jackson		6	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	10-17-92	56 yrs.	8	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Laborer	District of Columbia	U. S.

13. FATHER'S NAME: Charles H. Jackson

14. MOTHER'S MAIDEN NAME: Mamie A. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I		Mrs. Mamie A. Jackson (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Tail of Pancreas	—
	(c)	

157
46g

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-16-, 1949, to 6-28, 1949, that I last saw the deceased alive on 6-28, 1949 and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.E.BILLMAN	LTJG MC USN	U S Naval Hospital	6-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial		Arlington National Cemetery	Arlington	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-29-49	Elizabeth Willett	McGUIRE FUNERAL HOME	1820 9th N.W. Wash, DC.

Jr.

RECEIVED
JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05888

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (In this place) 3 mons. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1603 4th St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Clifton (Middle) Fredrick (Last) LAWS

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-14-21

9. AGE last birthday: 27 yrs. | If under 1 year: Months 8 | Days 22 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: LAWS, Clifton F.

14. MOTHER'S MAIDEN NAME: HOGUE, Lenora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Anna M. Laws

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Advanced Pulmonary Tuberculosis	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002 138

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 9:20 A m., from the causes and on the date stated above.

SIGNATURE J. F. Berry (Degree or title) Lt. JG MC USN ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6-10-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE Mary G. Patterson

24. FUNERAL DIRECTOR ADDRESS W.E. Jarvis, 1432 U St., N.W., Wash., D.C.

JBW. W Ernest Jarvis Co.

RECEIVED
JUN. 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05889

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6308 Meadow Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6308 Meadow Lane

3. NAME OF DECEASED (Type or Print): (First) Bardwell (Middle) Rhett (Last) Legge

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-9-91

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General U.S.A.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charleston S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claud L. Legge

14. MOTHER'S MAIDEN NAME: ELIZABETH JANE HUTCHINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 1916—1947

16. SOCIAL SECURITY NO.:

17. INFORMANT: Pyeris Legge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead at home.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension -

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broccard	M.D.	Gaithersburg Md	6-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-8-49	Arlington Nat.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-49	W.E. Jobes	Gawler's Funeral Home	D.C.

RECEIVED
JUN 10 1949
BUREAU V. S.

Items 1, 13, 8: film B120, 6/21/49. cc

05890

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville (rural) — LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Downey's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): Edith (First) P. (Middle) Leonard (Last)
4. DATE OF DEATH: June (Month) 11 (Day) 1949 (Year)

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: ~~ABT P 1890~~ 9/28/89
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rochester, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ Edmund G. Pigeon
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Paul Neibell - 1201-19th.ST.N.W., DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Trional poisoning (accidental) — 7 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sub-acute alcoholism — 5 days

(c)

322.0

179x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brockhart (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 6-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/16/49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 6-13-49 — REGISTRAR'S SIGNATURE: W. E. Jobes
24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS: 2901-14th. St.N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

T

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05891

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred: Glen Manor Rest Home

How long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase (If outside city or town limits, write RURAL and give nearest town)

Street No. 4523 Walsh St (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME Edith Mrs. Edyth H. Lewis

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Charles Mortimer Lewis

6.(c) If alive, give age: Dec years

7. Birth date of deceased (mo., day, yr.): ABT. 1860

8. AGE: Years: 89? Months: Days: If less than one day: hrs. min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Retired - Clerk - D.C. Govt

11. Industry or business: Govt

FATHER

12. Name: (Unknown)

13. Birthplace: England

MOTHER

14. Maiden name: Elizabeth (Unknown)

15. Birthplace: England

16. Informant: Phillip Dawson

Address: 4523 Walsh St Chevy Chase Md.

17. Burial, cremation, or removal: Removal (Which?) Date thereof: June 18 1949

Cemetery or crematory: Robert A. Pumphrey Funeral Home

Location: Bethesda, Maryland Oak Hill Cem Wash D.C.

18. Funeral director: Robert A. Pumphreys

Address: Bethesda, Md

19. June 18 1949 (Date rec'd by registrar) Josephine M. Schaefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1949, at 7:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1949 to 19 and that I last saw her alive on June 18 1949

	DURATION
Immediate cause of death: Cerebrovascular Hemorrhage	
Due to: Hypertension Cardiovascular Renal	
Due to:	
Other conditions: 443 93d (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: I. L. Marks M.D. M. D. or other

Address: 6306 Wisconsin Ave Date signed: June 18, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05892

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Colesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 2, Silver Spring

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) R. F. D. #2, Silver Spring, Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) M (Last) Livingstone

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 8, 1898
9. AGE last birthday 50 yrs. If under 1 year Months 6 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Pelham, New Hampshire
12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME William Joseph Livingstone
14. MOTHER'S MAIDEN NAME Sarah Margaret Furgson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Army
16. SOCIAL SECURITY No. 217-07-9274
17. INFORMANT Mrs. Clara M. Livingstone - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 Immediate cause (a) Asphyxia due to hanging

1640 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead hanging to porch rafter of his home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broochart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 6-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30, 1949
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. June 30, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.
Warner E. Pumphrey, Inc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 2 1949
BUREAU V. S.

05893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10000 Georgia Ave. Maple Lane Nursing Home	STREET ADDRESS (If rural give location): 1309 Irving St., N.W.

3. NAME OF DECEASED (Type or Print)	(First) ~~BETTE~~ Bettie	(Middle) JETER	(Last) LLEWELLYN	4. DATE OF DEATH	(Month) June (Day) 15 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div	8. DATE OF BIRTH: Feb. 3, 1884	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Union, W. Va.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Richard M. Jeter	14. MOTHER'S MAIDEN NAME: Julia Ridgeway				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Miss. May Jeter (Niece)			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage with right hemiplegia

61 (c) Diabetes Mellitis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1947, to June 15, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry Jm Lowden	M.D.	1603 19th N.W. Washington D.C.	6-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	June 16, 1949	Union Cemetery	Union, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 15, 1949	Josephine M. Schaeffe	S. H. Hines Co.	2901-14th St., N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I T

VS. A15

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05894

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 14 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U S NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: DISTRICT COLUMBIA; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 2701 14th Street N.W.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Patrick (Last) LONG

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-2-1895

9. AGE last birthday: 53 yrs. If under 1 year: Months 8 Days 19 If under 24 hrs.: Hours ; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt Retired

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ????? Long Missouri deceased

14. MOTHER'S MAIDEN NAME: Julia Collins Missouri deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT: Wife: Josephine Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infarction of Myocardium

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

920

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1949, to 21 June, 1949, that I last saw the deceased alive on 21 June, 1949, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE: W.A. Dinsmore — (Degree or title): LCDR, MC, USN — ADDRESS: U S Naval Hospital — DATE SIGNED: 22 June, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-24-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 6-22-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: S.H.HINES 2901 14th St NW, Washington, D.C.

RECEIVED
JUN 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05895

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3918 East West Hgwy.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont'g.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 3918 E. West Highway

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) W. (Last) Lott

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 49

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: 9-21-1861 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Manager (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): N.Y.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 052-12-9891 | 17. INFORMANT: Wayne Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Interval Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

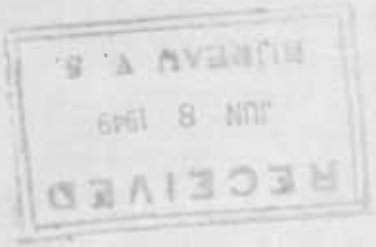
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Broschart M.D. | Gaithersburg Md | 6-6-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
June 8-1949 | Greenwood. | Brooklyn N. Y.

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE W.E. Jobes | 24. FUNERAL DIRECTOR H. H. Chandler Co. | ADDRESS 1400 Chapin St. N.W. Washington D.C.

512 - Maple Ridge Rd -



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05896

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bethesda
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington,D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1371 Peabody St.,N.W. Apt.101

3. NAME OF DECEASED (Type or Print): (First) Crespino (Middle) (n) (Last) MANDARA

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown

8. DATE OF BIRTH: 12-13-86

9. AGE last birthday: 62 yrs. If under 1 year: Months 5 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Mandara Italy Dec.

14. MOTHER'S MAIDEN NAME: Lucy Lombardi Italy Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Cousin: John Mandara

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease with Acute Congestive Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

443 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 May, 1949, to 8 June, 1949, that I last saw the deceased alive on 8 June, 1949, and that death occurred at 3:15a.m., from the causes and on the date stated above.

SIGNATURE R. S. Boles
(Degree or title) R. S. BOLES, Jr.LtJG,MC,USN
ADDRESS U.S.Naval Hospital,Bethesda, Maryland
DATE SIGNED 8 June1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-10-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8 June1949
REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR W.W.CHAMBERS, ADDRESS 1400 Chapin St.,N.W., Wash, D.C.

RECEIVED
JUN 10 1949
BUREAU V. S.

05897

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County MONTGOMERY

City or town BETHESDA
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County

City or town CHEVY CHASE
(If outside city or town limits, write RURAL and give nearest town)

Street No. 141 - GRAFTON ST.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME WILLIAM MARK

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	married

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ABT. 1904

8. AGE: Years 45 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual occupation UNK.

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden name UNKNOWN
15. Birthplace

16. Informant TIMOTHY J. HANLON
Address 3328 - MILITARY Rd. N.W.

17. (Burial, cremation, or removal. Which?) Date thereof 6/20/49 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location WASHINGTON, D.C.

18. Funeral director TIMOTHY HANLON
Address 641 - H ST. N.E. D.C.

19. June 16 1949 (Date rec'd by registrar) W E Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1949 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1948, to June 16 1949 and that I last saw him alive on June 16 1949

Immediate cause of death Acute Coronary Occlusion with Myocardial Infarction — DURATION 4 days

Due to Coronary Heart Disease — 2 yrs

Due to

Other conditions

420.1
940 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Clousina, M.D. M. D. or other

Address 3921 - Ingomar St. N.W. Date signed 6-17-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05898

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7903 Lynnbrook Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 7903 Lynnbrook Drive

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) Emeline (Last) Martin

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1889

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Manchester, England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Beal

14. MOTHER'S MAIDEN NAME: Annie Brain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): - -

16. SOCIAL SECURITY No.: None

17. INFORMANT: Marjorie E. Martin (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerotic Heart disease — Interval Between Onset and Death: Feb-1948

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1949, to June 8, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul D Cantor MD — Bethesda — June 8-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: June 11, '49

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 6-11-49

REGISTRAR'S SIGNATURE: W. E. Jobes

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

Robert A. Pumphrey

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05899

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 903 Gist Ave.,

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) W. (Last) Mayo

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 4, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: G.A.O.

11. BIRTHPLACE (State or foreign country): Washington, N.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Mayo

14. MOTHER'S MAIDEN NAME: Louise Gaskill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): nOo (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Arthur Mayo Jr. Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bullet wound Fore skull — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

976
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Silver Spring (COUNTY): Monty (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): June 4 49 5:20 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

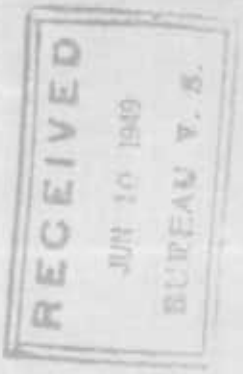
SIGNATURE (Degree or title): Frank J. Broschart M.D. ADDRESS: Frederick Md DATE SIGNED: 6-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 7, 1949 | NAME OF CEMETERY OR CREMATORY: Oakdale Cem | LOCATION (City, town, or county) (State): Washington, N. Carolina Beaufort Co.

DATE REC'D BY LOCAL REG.: June 5, 1949 | REGISTRAR'S SIGNATURE: Josephine M Schaffer | 24. FUNERAL DIRECTOR: Warner E. Humphreys & Son | ADDRESS: Silver Spring, Md.

VS. A15A

June 5, 1949



05900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) R.R. #1

3. NAME OF DECEASED (Type or Print) (First) Elzy (Middle) V (Last) McCrossin
4. DATE OF DEATH (Month) June (Day) 18, (Year) 1949.
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 11, 1891
9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mont. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William McCrossin
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lake McCrossin (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1943, 19 5, to June 18, 1949 that I last saw the deceased alive on June 18, 1949, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE C. E. Harris (Degree or title) ADDRESS Rockville Montgomery Md DATE SIGNED

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ Burial
DATE June 21, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Potomac Methodist Cemetery
LOCATION (City, town, or county) (State) Potomac, Montg. Co., Md
DATE REC'D BY LOCAL REG. 6-20-49
REGISTRAR'S SIGNATURE N. E. Jobes
24. FUNERAL DIRECTOR Forest A. Humphrey - Rockville, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. S.

05901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 40 days 8½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10510 Old Bladensburg Road

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) ANTHONY (Last) McDONNELL
4. DATE OF DEATH (Month) JUNE (Day) 9 (Year) 1949

5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH Jan. 7, 1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BRIAN McDONNELL
14. MOTHER'S MAIDEN NAME BRIDGETT KENNY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lymphosarcoma	7 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Uremia	7 days
	(c)	

200.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1949, to 6-9, 1949, that I last saw the deceased alive on 6-9, 1949, and that death occurred at 6 02 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Baughen ADDRESS 8252 Ga Ave DATE SIGNED Silver Spring, Md. 6/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/13/49
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 6/9/49
REGISTRAR'S SIGNATURE J. Alma Dodd
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-44 th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05902

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (In this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1834 Potomac Avenue S.E.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ella (Last) McFarland

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-2-1881

9. AGE last birthday: 68 yrs. If under 1 year: Months 4 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Cooney

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Son: William V.McFarland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction Massive with Rupture of the Ventricle.	8 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Indefinite
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1949, to 6-27, 1949, that I last saw the deceased alive on 6-27, 1949, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE E.M. SPAULDING (Degree or title) CDR MC USN ADDRESS U S NAVAL HOSPITAL DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 6-29-49; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 6-28-49; REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS W.W.Chambers 517 11th St,SE,WDC

J.D. Poore

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05903

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Plummer (Last) Miles
4. DATE OF DEATH (Month) 6 (Day) 30 (Year) 49 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 26-1866
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME A. Chas Albert Miles
14. MOTHER'S MAIDEN NAME Mary Margaret Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Edward Miles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) acute heart failure	½ hour
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) chronic myocardial degeneration	5-10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Feb. 15, 1949, to June 30, 1949, that I last saw the deceased alive on Feb. 15, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) ADDRESS 7 Brooks Ave., Gaithersburg, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/49
NAME OF CEMETERY OR CREMATORY Hyattstown Methodist
LOCATION (City, town, or county) Hyattstown (State) Md.

DATE REC'D BY LOCAL REG. 7/1/49
REGISTRAR'S SIGNATURE Mrs. C. C. Hilton By Mrs. W.B.H.
24. FUNERAL DIRECTOR Wm. B. Hilton ADDRESS Barnesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU T. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

65914

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (Rural)
LENGTH OF STAY (In this place): 125 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 2010 Maryland Avenue, N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Floyd	(n)	MONK	6	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	?	5-8-88	61 yrs.	1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Janitor	North Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Preston Monk	Florence Troublefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW I		Mr. Commodore H. Monk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lymphatic Leukemia	18 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

204.0
74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 5, 1949, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen — (Degree or title): W. F. QUEEN, Cdr. MC USN — ADDRESS: US Naval Hospital, Bethesda, Md. — DATE SIGNED: 6-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Monk Cemetery	Clinton, North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-11-49	Mary C. Patterson	McGUIRE 1820 9th St. N.W. Wash., D.C. McGuire Funeral Service Inc.

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05905

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mtg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridge
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Earl (Last) Monts

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 49

5. SEX: Male

6. COLOR OR RACE: W- US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-5-47

9. AGE last birthday: 2 yrs. — If under 1 year: Months 1, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bert E. Monts

14. MOTHER'S MAIDEN NAME: Ruth Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father: Bert E. Monts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

193 54t

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ependymnoma - Spinal cord

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE: A M Margileth — (Degree or title): — ADDRESS: A. M. MARGILETH, Lt JG MC USN, US Naval Hospital, Bethesda, Md. — DATE SIGNED: 6-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: Bethesda Cemetery — LOCATION (City, town, or county) (State): West Terre Haute Indiana

DATE REC'D BY LOCAL REG.: 7 June 1949 — REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: W.W.Chambers — ADDRESS: 317-11 St S.E. Wash, D.C.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

05906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1742 7th St, NW.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) MOORE

4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-25-1876
9. AGE last birthday 72 yrs. If under 1 year Months 5 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Columbus Moore Georgia DEC.
14. MOTHER'S MAIDEN NAME Alice Long Alabama DEC.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SA & WW1
16. SOCIAL SECURITY NO.
17. INFORMANT Wife: Ella Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis Coronary Artery	10 min
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 yr. P
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1949, to 24 June, 1949, that I last saw the deceased alive on 24 June, 1949, and that death occurred at 3:10A m., from the causes and on the date stated above.

SIGNATURE John W. Flynn (Degree or title) ADDRESS DATE SIGNED
J.W.FLYNN LTJG, MC, USN U.S.Naval Hospital 6-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-28-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 6-24-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.Ernest Jarvis ADDRESS 1432 U Street NW,WDC

E.W.J.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05907

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospt. 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 116 North Brook Lane

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) E. (Last) Morgereth

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/20/68

9. AGE last birthday: 81 yrs. If under 1 year: Months: 3 Days: 10 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs E.M.Erdman (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cerebrovascular hemorrhage

Antecedent cause(s) 443 93d
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1949, to 6/30, 1949, that I last saw the deceased alive on 6/29, 1949, and that death occurred at 9:00 Am., from the causes and on the date stated above.

SIGNATURE: I. L. Marks, M.D. (Degree or title) ADDRESS: 6306 Wisconsin Ave DATE SIGNED: 6/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 2, 1949
NAME OF CEMETERY OR CREMATORY: Holy Reedemer Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-3-49

REGISTRAR'S SIGNATURE: M. L. Jobe

24. FUNERAL DIRECTOR: Robert R. Rumphrey
ADDRESS: Bethesda, Md.

RECEIVED
JUL 8 1949
BUREAU V. S.

Evidence for addition in #18a is shown on:

05908

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 121 JUL 15 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
   LENGTH OF STAY (In this place): 5 hrs. 15 min.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
   STREET ADDRESS (If rural, give location): 5032 Bradley Blvd.

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Erwin (Last) MORRIS

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-30-13

9. AGE last birthday: 35 yrs. — If under 1 year: Months 5, Days 1, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MORRIS, Benjamin

14. MOTHER'S MAIDEN NAME: ERBE, Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY No.:

17. INFORMANT: wife: Mrs. Josephine W. Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute bulbar poliomyelitis with Respiratory Paralysis due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Encephalo-myelitis, acute (7-15-49 - ams.)

(c):

INTERVAL BETWEEN ONSET AND DEATH: 2½ days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Frank J. Broschart M.D. — ADDRESS: Dr. Frank J. Broschart, Deputy Medical Examiner, Gaithersburg, Md. — DATE SIGNED: 6-2-49

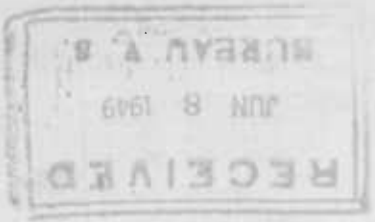
23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 6-3-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 6-2-49 — REGISTRAR'S SIGNATURE: Mary J. Patterson

24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS, 1400 Chapin St. N.W., Wash., D.C.

W W Chamber Co.

Additional inf. re cause of death - see letter under "Broschart".



05909

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 117 Lexington Dr.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) FRANCES (Last) Moser.
4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1949
5. SEX Fem.
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH 5-7-1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Madison Va.
12. CITIZEN OF WHAT COUNTRY? Amer.
13. FATHER'S NAME John H. Hawkins
14. MOTHER'S MAIDEN NAME Frances Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Wash San. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute left Heart failure	4 hrs
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen Arteriosclerosis	
186a	(c) Aur fibrillation	10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) 5 (Day) 26 (Year) 49 (Hour) 11 PM m.
INJURY OCCURRED ~~While at Work~~ ☐ Not While At work ☒
HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from 5/27/, 1949, to 6/3/, 1949, that I last saw the deceased alive on 6/3/, 1949, and that death occurred at 11 05 p.m., from the causes and on the date stated above.

SIGNATURE Howard I Moore (Degree or title) MD ADDRESS 28 Carroll Ave Takoma Park Md DATE SIGNED 6/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6/4/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Warrenton, (State) Va.
DATE REC'D BY LOCAL REG. 6/4/49
REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR S. H. Hines Co, ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05910

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 49 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.; STREET ADDRESS (If rural, give location) 4104 5th St. N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wilmer	(n)	Nagel	June	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White US	Married	Nov 27 1910	38 yrs.	7	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Nagel

14. MOTHER'S MAIDEN NAME: Tillie Kansfski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Wife: Mrs Dorothy Nagel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion, Acute	one day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	several yrs.
260 61	(c) Diabetes mellitus	several yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetic Retinitis. Peripheral arteriosclerosis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1949, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 12:15 a m., from the causes and on the date stated above.

SIGNATURE C. F. Park (Degree or title) ADDRESS DATE SIGNED

C. F. PARK, Cdr. MCR USNR, US Naval Hospital, Bethesda, Md. 6-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6-11-49	Fort Lincoln	Bladensbrug, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-9-49	Mary C. Patterson	W. W. CHAMBERS,	1400 Chapin St. N.W. Wash., D.C.

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05911

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
LENGTH OF STAY (In this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5th St. & MacArthur Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
STREET ADDRESS (If rural, give location): 5th St. & MacArthur Blv'd.

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) F (Last) Nalley

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 1/03

9. AGE last birthday: 46 yrs. — If under 1 year: Months 4, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Planner & Estimator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Nalley

14. MOTHER'S MAIDEN NAME: Rose C. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Roy F. Nalley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 — 74a

Immediate cause (a) Coronary occlusion — sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains deserbed above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Brochart M.D. — Gaithersburg md — 6-6-49

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | June 9/49 | Cedar Hill Cemetery | Washington D.C.

DATE REC'D BY LOCAL REG. 6-9-49 | REGISTRAR'S SIGNATURE W. E. Jones

24. FUNERAL DIRECTOR Robert C. Humphrey | ADDRESS Bethesda, Md.

RECEIVED
JUN 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05912

CERTIFICATE OF DEATH

215

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 2032 Belmont Rd., N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Edward (Last) NORFLEET

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-26-83

9. AGE last birthday: 65 yrs. — If under 1 year: Months 11, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Army and Retired Civil Servide

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: NORFLEET, Wilson

14. MOTHER'S MAIDEN NAME: HUNTER, Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Helyn D. Norfleet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) abscess formation x generalized — 6/1/49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Peritonitis. — 6/13/49
(c) acute duodenal ulcer with perforation. — 6-13-49

550.1
121

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/3/49 — 19b. MAJOR FINDINGS OF OPERATION: abscess following acute perforated duodenal

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 11:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. J. HONSIK, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 6-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 6-16-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 6-13-49
REGISTRAR'S SIGNATURE: Mary C. Patterson
24. FUNERAL DIRECTOR: S. H. HINES, 2901 14th St., N.W., Wash., D.C. ADDRESS

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05913

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Bethesda
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WASHINGTON D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON D.C.
STREET ADDRESS (If rural, give location): 1822 "C" St. SE

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) Syndor (Last) Oliff

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 17, 1879

9. AGE last birthday: 69 yrs. If under 1 year: Months 6 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Colonel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I & II

16. SOCIAL SECURITY No.:

17. INFORMANT: wife: Mrs. Grace A. Oliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Bronchogenic — Interval between onset and death: 6 mos

162

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

49c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949 to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 0505 Am., from the causes and on the date stated above.

SIGNATURE: John W. Flynn (Degree or title): Ltjg (MC) USN ADDRESS: U. S. NAVAL HOSPITAL DATE SIGNED: June 4, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-7-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 6-4-49

REGISTRAR'S SIGNATURE: Mary G. Patterson

24. FUNERAL DIRECTOR: H. A. Campbell ADDRESS: Lee Funeral 3rd & Mass Ave Wash DC

RECEIVED
JUN 7 1949
BUREAU V. S.

05314

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — Boyds, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds Md. | LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Sellman COUNTY: Monta Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sellman, Rural near Sellman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) OWENS
4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: July, 1875.
9. AGE last birthday: 73 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U. S. A
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isaac Owens.
14. MOTHER'S MAIDEN NAME: Louise Riggs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jesse Diggins.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia Bilateral	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Hemiplegia, Uremia	4 months
334 830	(c) Chronic Hypertension	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Feb, 1949, to 14 June 1949, that I last saw the deceased alive on 14 June, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Fawcett M.D. ADDRESS: Boyds, Md. DATE SIGNED: June 15, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 18, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Zion cemetery | LOCATION (City, town, or county) (State): near Sellman Md.

DATE REC'D BY LOCAL REG.: 6/17/49 | REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton By Mrs. T. B. H.

24. FUNERAL DIRECTOR: Clarence H. Davis | ADDRESS: Poolesville Md.

RECEIVED
JUN 22 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05915

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (In this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Edward (Last) Phelps

4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-4-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Towson, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis E. Phelps

14. MOTHER'S MAIDEN NAME: Rozalie Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Dorothy Ellen Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute cardiac failure — Interval between onset and death: 36 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardiovascular renal disease — 5 years

442 13/a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles S. Whitaker, M.D. Clarksville, Md. June 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-15-49

NAME OF CEMETERY OR CREMATORY: Providence

LOCATION (City, town, or county) (State): Glenelg Md

DATE REC'D BY LOCAL REG. 6-14-49

REGISTRAR'S SIGNATURE: Gertrude B. Fowler

24. FUNERAL DIRECTOR: F.C. Kyle Brothers

ADDRESS: Ellicott City Md

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

Evidence for change in age is shown on:

FILM No. G 121 JUL 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05916

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney, Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney, R.F.D., Box 146
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	C. C.	Phillips	June	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Nov, 10. 1864	84 83 yrs.	7	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant	Butcher	Washington, D. C.	USA Yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Phillips	? Klopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	None	Mr Ralph C. Phillips. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PERIPHERAL & CARDIAC CIRCULATORY COLLAPSE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) GENALIZED ARTERIOSCLEROSIS, CEREBRAL THROM- BOSIS, SENILITY
(c)

332
838

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

22. I hereby certify that I attended the deceased from Dec. 27, 1947, to June 9, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at (Approx) 10:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Marshall Linville Jr.	MD	8648 Georgia Ave. Silver Spring,	10 Jun, 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/13/1949	Rock Creek Cemetery	Washington.	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-49	Gertrude B Lawler	Walter E. Dempsey. Inc	Silver Spring, Md

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05917

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Marshall (Middle) H. (Last) Powell

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 15-1896

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboring

10b. KIND OF BUSINESS OR INDUSTRY: Sanitary Commission

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Powell

14. MOTHER'S MAIDEN NAME: Emily Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Samuel Thomas Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease 443 73d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 June, 19 49, to 16 June 19 49, that I last saw the deceased alive on 16 June, 19 49, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. D. Bonyard M.D. — Sandy Spring, Md. — 16 June '49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: June 19, 1949 — NAME OF CEMETERY OR CREMATORY: Sandy Spring — LOCATION (City, town, or county) (State): Sandy Spring, Md.

DATE REC'D BY LOCAL REG. 6-18-49 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR — ADDRESS: R. L. Snowden, Rockville, Md.

RECEIVED
JUN 29 1949
BUREAU V. S.

05918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) L (Last) Pray
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 22, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Dog Kennels
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Penfield Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. W. Pray
14. MOTHER'S MAIDEN NAME Mary S. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Janet Pray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
610	Immediate cause	(a) Uraemia	12 days
B7a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Hypertrophy with Retention of urine	24 days
		(c) Superpubic cystotomy	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6/13/49
19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30/, 1949, to 6/30/, 1949, that I last saw the deceased alive on 6/29/, 1949 and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE J. W. Bird M.D. (Degree or title) ADDRESS Sandy Spring Md DATE SIGNED 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7/3/49 NAME OF CEMETERY OR CREMATORY [illegible] Cemetery LOCATION (City, town, or county) St. Marys, Pa (State)

DATE REC'D BY LOCAL REG. 6-30-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. Barber, Laytonsville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05919

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Bethesda
LENGTH OF STAY (In this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 203 McArthur Rd., Alexandria

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) Milton (Last) REEHLING

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-29-94

9. AGE last birthday: 54 yrs. If under 1 year: Months 9 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired -Navy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Reehling, Pennsylvania, Dec.

14. MOTHER'S MAIDEN NAME: Margaret Klinefelter, Pennsylvania, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife: Ruth Reehling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis, coronary artery, recent. — 7 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, generalized

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27May, 1949, to 8 June, 1949, that I last saw the deceased alive on 8 June, 1949, and that death occurred at 7:05a.m., from the causes and on the date stated above.

SIGNATURE S.R. Mills Jr. (Degree or title) ADDRESS DATE SIGNED

S.R.MILLS,Jr., LTJG,MC,USN, U.S.Naval Hospital,Bethesda,Md. 8 June 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-13-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 8 June 1949

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: S.H. HINES,2901-14thSt.,N.W.,Wasn,D.C ADDRESS

VS-A15

RECEIVED
JUN 10 1949
BUREAU V. S.

Evidence for change in birth date & age shown on:

FILM No. G 120

JUL -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05920

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg, Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (in this place) 12yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give acarest town) OR TOWN Gaithersburg Md,
STREET ADDRESS (If rural, give location) Gaithersburg Md,

3. NAME OF DECEASED (Type or Print): (First) Eldridge (Middle) Veitch (Last) Regester

4. DATE OF DEATH: (Month) June (Day) 28/49 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 17th 1862 ~~89~~ 87 yrs.

9. AGE last birthday: If under 1 year Months. 4 | Days 14 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister of the Gospel

10b. KIND OF BUSINESS OR INDUSTRY: Minister

11. BIRTHPLACE (State or foreign country): Salem Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Regester

14. MOTHER'S MAIDEN NAME: Frances Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT: Methodist Home Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Senile Pneumonia — Interval Between Onset and Death: 2 months

Antecedent cause(s) (b) Senility — dementia — 1 year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

304
162a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (

19b. MAJOR FINDINGS OF OPERATION: (

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) (

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (

(CITY OR TOWN) (

(COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. (

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐ (

HOW DID INJURY OCCUR? (

22. I hereby certify that I attended the deceased from April 18, 1949, to June 25, 1949, that I last saw the deceased alive on June 25, 1949 and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Heller M.D. ADDRESS Gaithersburg, Md DATE SIGNED 6/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6/28/49 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Beltsville. (State) Md,

DATE REC'D BY LOCAL REG. June 28, 1949 | REGISTRAR'S SIGNATURE Rhuda G. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner, ADDRESS Gaithersburg. Md

VS. A15

2b

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bpb

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JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05921

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Montgomery

City or town: Ednor

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ yrs.

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Ednor

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Robert Simon RICKETTS

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Widowed

6.(b) Name of husband or wife: Lena Florence Speck

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb. 1, 1884

8. AGE: Years 65 | Months 4 | Days 25 | If less than one day: hrs. min.

9. Birthplace: Greenfield, Frederick, Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER

12. Name: William B. Ricketts

13. Birthplace: Maryland

MOTHER

14. Maiden name: Susan Craver

15. Birthplace: Maryland

16. Informant: C. W. Ricketts

Address: Ednor

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 29 1949 (month) (day) (year)

Cemetery or crematory: Mt. Carmel M. D.

Location: Montgom Co Md.

18. Funeral director: Roy W. Barber

Address: Laytonsville

19. 6-29-1949 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1949, at 6 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1945, to June 1949

and that I last saw h..im alive on June 27 1949

	DURATION
Immediate cause of death: Carcinomatosis	3 months
Due to: Carcinoma of Head of Pancreas	2 yrs.
Due to:	
Other conditions: Arteriosclerotic Heart Disease	
157 Diabetes Mellitus	
469 (Include pregnancy within 3 months of death)	

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Richard A. Yates M. D. M. D. or other

Address: RFD #1 Silver Spring Md. Date signed 6/26/49

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05922

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Normandy Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 6 Normandy Drive

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) FORDNEY (Last) RIPLEY

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 14 Jan 1905

9. AGE last birthday: 44 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRANSPORTATION SPECIALIST

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOV.

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Ripley

14. MOTHER'S MAIDEN NAME: Inez LaBlanc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 718-14-9573

17. INFORMANT: Mrs H. F. Ripley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2-3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 3-4 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 46, to 21 June 19 49, that I last saw the deceased alive on 21 June, 19 49, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William D. Auf, M.D.	Silver Spring, Md	21 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 23, 1949	Mt. Olivet Cemetery	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 21, 1949	Josephine M. Schaeffer	2901 14St;N/W S.H. Hines Co. Washington, 9, D.C.

S.H. Hines Co.

RECEIVED
JUN 24 1949
BUREAU V. S.

Evidence for change of age is on: FILM No. G 120 JUN 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05924

Evidence for change of age shown on: Film No. G124 Mar. 14, 1950.

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery Co. Suburban Hosp.

City or town: Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ days.

Hospital, institution, or street address where death occurred: Suburban Hosp.

How long in hospital or institution? 1½ days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 200 Normandy Drive
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: MEYER ROSENDORF

3.(b) Social Security Number:

4. Sex: M

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of ~~husband or~~ wife: Shirley D.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 7, ~~1908~~ 1902

8. AGE: Years 47 ~~Months~~ ~~Days~~ If less than one day ..... hrs. ..... min.

47 years

9. Birthplace: Wash. D. C.
(Town, county, and state)

10. Usual occupation: Sales manager

11. Industry or business:

FATHER
12. Name: Joseph Rosendorf
13. Birthplace:

MOTHER
14. Maiden name: Kate Bresdofsky
15. Birthplace:

16. Informant: Shirley D. Rosendorf (wife)

Address: Same

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 7, 1949 (month) (day) (year)

Cemetery ~~or crematory~~: Bnai Israel Cemetery

Location: Oxon Hill, Md.

18. Funeral director: B. Danzansky & Son

Address: 3501-14 St. N.W.

19. June 6 1949 (Date rec'd by registrar) W. E. Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1949 at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1947 to June 5 1949 and that I last saw him alive on June 5 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days

Due to:

Due to:

Other conditions: 331 (Include pregnancy within 3 months of death) 830

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul L. Clarkson MD
M. D. or other

Address: Bethesda Md. Date signed: 6-5-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

~~Evidence for change of age shown on:~~

~~HLW No. 6 MAR 14 1950~~

RECEIVED
JUN 8 1949
BUREAU V. S.

Field SN Rec'd

Dec

05925

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 25 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5432 Alta Vista Rd.	STREET ADDRESS (If rural, give location) 5432 Alta Vista Rd.

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Lee	(Last) Rozzelle	4. DATE OF DEATH	(Month) June (Day) 3, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Apr. 20, 1882	9. AGE last birthday 67 yrs.	If under 1 year: Months 1, Days v13; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ry. Mail Clerk	10b. KIND OF BUSINESS OR INDUSTRY US Postal Service	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Zana Davenport				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT David Rozzelle			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	2 days
143 Antecedent cause(s)	(b) Carcinoma of jaw & tongue	10 mo.
45b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of jaw & tongue	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1949, to June 3, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil G. Bauerfeld	M.D.	Bethesda, Md	6/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/6/49	NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery	LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 6-6-49	REGISTRAR'S SIGNATURE W.E. Jobes	24. FUNERAL DIRECTOR Robert A. Remphey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1949
BUREAU V. S.

05926

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Germantown. Md, LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lula. (Middle) Saunder's (Last)

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov 17/1872

9. AGE last birthday 76 yrs. If under 1 year: Months 7, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY " "

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? USA,

13. FATHER'S NAME James Jeffries

14. MOTHER'S MAIDEN NAME Eliza Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT Roy L. Saunder's

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 10 years.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 15, 1941, to June 21, 1949, that I last saw the deceased alive on June 20, 1949, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED 6/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6/23/49

NAME OF CEMETERY OR CREMATORY Neelsville Md.

LOCATION (City, town, or county) (State) Near Germantown Md.

DATE REC'D BY LOCAL REG. June 23, 1949

REGISTRAR'S SIGNATURE Alruda G. Cooke

24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU T. S.

05927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9318 Old Bladensburg Rd.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Christian		Schaefer	June 24 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Wh	Widowed	Sept. 12, 1881	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman Packer	Movers	Washington, D.C	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Schaefer	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	579-05-2425	Raymond Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the Left Main	About
162 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47c	(b) Bronchus; with widespread	6 Months
	(c) Metastases to Pleura Lymph Nodes, Abdominal	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. organs, and Bones. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-18-49	Neoplastic Malignant Tumor Cells from Thoracentesis	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 7, 1949, to June 24, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 5:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richard H. Meredith M.D.	1801 Eye St. WASH. 6, D.C.	June 24, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27, 1949	Ft. Lincoln	Prince Geo. Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 25, 1949	Josephine M Schaeffer	Warner E. Pumphrey Inc	Silver Spring, Maryland

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH TN 05928

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Waldemar (Last) Scheer

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 28 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Zaleski Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Scheer

14. MOTHER'S MAIDEN NAME: Marie Ursula Rockenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Washington Sanitarium and Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage, recurrent	months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis and Hypertension C.V. Disease	years
443 93d	(c) Terminal Bronchopneumonia	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1949, to 6-16, 1949, that I last saw the deceased alive on 6-15, 1949, and that death occurred at 12:15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
DeVere K. Meade	M.D.	Takoma Park Md.	6-16-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 18 1949	West Laurel Hill Cemetery	Bala Cynwyd, Montgomery	Penna.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/49	[illegible]	J. Arthur Walters	254 Carroll St. NW, 12. D.C.

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05929

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersville, Md
LENGTH OF STAY (In this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Hope Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 124 Peabody St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Que (Middle) V. (Last) Seek

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 19 49

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-8-79
9. AGE last birthday: 70 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard R Seek
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 216-22-0118
17. INFORMANT: Mrs. Ray B. Rife - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 2½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank J Burkard M.D. | Gaithersburg Md | 6-8-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 11, 1949 | NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cem. | LOCATION (City, town, or county) (State) Riggs Rd, Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 6-9-49 | REGISTRAR'S SIGNATURE Josephine M. Schaeffer

24. FUNERAL DIRECTOR | ADDRESS
Warren E. Pumphrey, Inc. Silver Spring, Md

RECEIVED
JUN 11 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05930

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD 5 Rockville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 5, Spring Lake Park,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockville
STREET ADDRESS (If rural give location) RFD 5, Spring Lake Park

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) HILLS (Last) SEELY

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 13, 1863
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frederick B. Hills
14. MOTHER'S MAIDEN NAME Louisa Bushnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT Jennie Seely Garvin (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 years
	(c) Senility	—

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to June 21, 1949 that I last saw the deceased alive on June 20, 1949 and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. A. Linthicum, M.D. ADDRESS Rockville, Md. DATE SIGNED June 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 24, '49
NAME OF CEMETERY OR CREMATORY NaAuSay Cemetery
LOCATION (City, town, or county) Aurora, (State) Illinois

DATE REC'D BY LOCAL REG. June 21, 1949
REGISTRAR'S SIGNATURE Ethelyn Thompson M.R.G.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
JUN 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05931

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 612 33rd St., S.E., Apt. 4

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Lee (Last) SEGO

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-9-98

9. AGE last birthday: 51 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ky.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SEGO, Robert — Ky.

14. MOTHER'S MAIDEN NAME: HAMBER, ? — Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY No.

17. INFORMANT: wife: Mrs. Hazel Sego

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis with Myocardial infarction

(c)

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE S. R. Mills Jr. (Degree or title) ADDRESS DATE SIGNED

S. R. MILLS, Jr., Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF 6-9-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson | 24. FUNERAL DIRECTOR: Lee Funeral Home | ADDRESS: 4th & Mass. Ave., N.E. Wash., D.C.

RECEIVED
JUN 9 1949
BUREAU V. S.

Evidence for change of birthdate shown on Film G121 7/7/49. dm. Doctor's Letter.

05932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Bethesda
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2600, 13th Rd.S, #390 Arlington Village

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Iver	(n)	SHERVEY	6	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W-US	Married	11/6/~~86~~ 85	~~62~~ 63 yrs.	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Government Employee		Minnesota	US

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Unknown	Norway	Dec.	Unknown	Norway	Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WWI		Wife: Mrs. Iver Shervey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	2 mos.
	(c) Carcinoma Prostate c extensive metastases	2 yrs. (?)

177
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 May, 1949, to 7 June, 1949 that I last saw the deceased alive on 7 June, 1949 and that death occurred at 10:05p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.R. DELL, CDR, MC, USN		U.S.Naval Hospital, Bethesda, Md.	8 June 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-10-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 June 1949	Mary C. Patterson	J.E.O Lee Funeral Home	4th & Mass. Ave., N.E., Washington, D.C.

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05933

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 19 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney Cedar Grove; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) E.; (Last) Sibley

4. DATE OF DEATH: (Month) 6; (Day) 4; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4-18-1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cedar Grove Md.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Joseph Sibley

14. MOTHER'S MAIDEN NAME: Hannah Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uraemia — Interval between onset and death: 2 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — 1 yr.

151 46 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/23/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1949, to 6/4, 1949, that I last saw the deceased alive on 6/4, 1949, and that death occurred at 5 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Sandy Spring Md 6/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 7 1949

NAME OF CEMETERY OR CREMATORY: Forest Oak

LOCATION (City, town, or county) (State): Gaithersburg Md

DATE REC'D BY LOCAL REG.: 6-6-49

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W. Barber

ADDRESS: Laytonsville Md

RECEIVED
JUN 17 1949
REAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05934

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 9 May 1949

Hospital, institution, or street address where death occurred: 9100 Old Georgetown Road

How long in hospital or institution? Since 9 May 1949

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 9100 Old Georgetown Road
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME Smith, Ellen Williams

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Mathew Henry Smith

6.(c) If alive, give age: dec. years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1863

8. AGE: Years	Months	Days	If less than one day
85	8	26	hrs. min.

9. Birthplace: Latrobe, Westmoreland, Penn.
(Town, county, and state)

10. Usual occupation: Homemaker

11. Industry or business: None

FATHER
12. Name: David Williams
13. Birthplace: Ireland

MOTHER
14. Maiden name: Ellen Cummins
15. Birthplace: Ireland

16. Informant: Vincent B. Smith (son)
Address: 5504 Johnson Ave., Bethesda, Md.

17. Buriel (Burial, cremation, or removal. Which?) Date thereof: June 9, 1949 (month) (day) (year)

Cemetery or crematory: St. Marys Catholic Cemetery

Location: Latrobe, Pennsylvania

18. Funeral director: Robert A. Pumphrey
Address: 7557 Wisc. Ave., Bethesda, Maryland

19. 6-8-49 (Date rec'd by registrar) 19 W. E. Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1949, to June 8 1949 and that I last saw her alive on June 7 1949

Immediate cause of death: Bronchopneumonia

DURATION

Due to

Due to

Other conditions: Coronary heart disease

491
940

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dr. Joseph P. Kenick M. D. or other

Address: 7942 Wisconsin Ave Bethesda, Md. Date signed: 6/8/49

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05936

Reg. Dist. No. 2/3

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Own Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 108 Forest Ave.

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) SCOTT (Last) SMITH

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 11 1857

9. AGE last birthday: 91 yrs. | If under 1 year: Months 8 Days 17 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Orleans, La.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. C. Black

14. MOTHER'S MAIDEN NAME: Cornelia A. Calmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Lucy N.Smith (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral apoplexy — Interval between onset and death: 3 days

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1949, to June 28, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 6-30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G.V. Hartley M.D. Rockville, Maryland June 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/30/49 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 6-30-49 | REGISTRAR'S SIGNATURE: E P Thompson

24. FUNERAL DIRECTOR: Robert W. Pumphrey ADDRESS: Rockville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 2 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05937

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1875 Savannah Pl., S.E.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) SMITH

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-14-24

9. AGE last birthday: 25 yrs. | If under 1 year: Months 4 | Days 26 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SMITH, Wm.

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Mary E. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-Respiratory failure	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bullet wound in neck entering trachea	5 days
	(c) esophagus and cord	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: involved in fight in D.C.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): street — (CITY OR TOWN) Washington — (COUNTY) D.C. — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): June 5 1949 12:30 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? gun shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart — ADDRESS Dr. FRANK J. BROSCHART, Deputy Medical Examiner, Gaithersburg, Md. — DATE SIGNED 6-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF 6-16-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 6-10-49 | REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR — ADDRESS W. E. Jarvis, 1432 U S., N.W., Wash., D.C.

6-10-49

RELEASED TO DISTRICT OF COLUMBIA CORONER

Frank J. Broschart

Dr. Frank J. Broschart
Deputy Medical Examiner

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Tr

05935

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH· COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 7 mos. 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Emory	(Middle) Silas	(Last) Stroup	4. DATE OF DEATH	(Month) June	(Day) 13	(Year) 1949
5. SEX male	6. COLOR OR RACE W-US	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 12-20-86	9. AGE last birthday 62 yrs.	If under 1 year Months 5	Days 23	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) N.C.	12. CITIZEN OF WHAT COUNTRY? US				
13. FATHER'S NAME STROUP, Zeb		14. MOTHER'S MAIDEN NAME RUSSELL, Carl					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes ✓ (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO.	17. INFORMANT WIFE: Mrs. Emma Stroup					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage Esophagus	20 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Hypopharynx	11 months
	(c)	

147

45 p

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION November 1948 December 1948	19b. MAJOR FINDINGS OF OPERATION Tracheotomy Pharyngostomy Inoperable Ca.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1948, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE D. J. McMurray (Degree or title) ADDRESS DATE SIGNED

D. J. McMurray, Lt. MC USN, US Naval Hospital, Bethesda, Md. 6-13-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 6-16-49	NAME OF CEMETERY OR CREMATORY Trinity Cemetery	LOCATION (City, town, or county) (State) Newport, Md.
DATE REC'D BY LOCAL REG. 6-13-49	REGISTRAR'S SIGNATURE Mary C. Patterson	24. FUNERAL DIRECTOR W W Chamber Co ADDRESS W. W. CHAMBER, 517 11th St., S.E., Wash., D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05938

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt #2, Maysville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Carey (Last) SUMMERS
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown
8. DATE OF BIRTH 5-8-98
9. AGE last birthday 51 yrs. If under 1 year Months 0 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James Summers, Kentucky, Dec.
14. MOTHER'S MAIDEN NAME Theresa Wochim, Germany, Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT Friend-Mrs.Irene Otten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocardial failure

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Portal cirrhosis (for advanced)

124b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1949, to June 4, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 4:16p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dallas E. BILLMAN, LT, MC, USN, ADDRESS USNaval Hospital, Bethesda, Md. DATE SIGNED 6-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-9-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)
DATE REC'D BY LOCAL REG. 6-7-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR W.W.CHAMBERS, 1400 Chapin St. N.W., Washington, D.C. ADDRESS

F.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.

05939

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1608 East-West Highway apt 245

3. NAME OF DECEASED (Type or Print) (First) albert (Middle) Jacob (Last) Thomann

4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 10-26-83
9. AGE last birthday 65 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) real estate salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME albert Thomann
14. MOTHER'S MAIDEN NAME Emma Kessel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1918-1919
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Emily W. Thomann wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis (Sudden)	24 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Radiculitis (toxic) (10 Dorsal → 4th Lumbar)	1 Month
	(c)	

343
82

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1948, to June 23, 1949, that I last saw the deceased alive on June, 19....., and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE Kenneth Haughein (Degree or title) MD
ADDRESS 8252 Georgia Ave Silver Spring, Md
DATE SIGNED 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 24, 1949
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) Madison, Dane Co. Wisconsin

DATE REC'D BY LOCAL REG. 6/24/49
REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS S. S. Md - Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

05940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase - Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL	STREET ADDRESS (If rural give location) 4605 Langdrum Drive

3. NAME OF DECEASED (Type or Print)	(First) DONALD	(Middle) DREHER	(Last) THOMPSON	4. DATE OF DEATH	(Mouth) JUNE (Day) 22 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan 31, 1902	9. AGE last birthday 47 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) WASHINGTON, D C	12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME Ross Thompson		14. MOTHER'S MAIDEN NAME Wena Debruler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs John W Thompson, Jr - niece-in-law			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, primary tongue — 10 mo.

141

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

45b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatic cirrhosis, malnutrition.

19a. DATE OF OPERATION Sept 10, 1948 — 19b. MAJOR FINDINGS OF OPERATION Biopsy of neoplasm. — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mouth) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1946, to 6/22, 1949, that I last saw the deceased alive on 6/22, 1949, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE Edward Hughes (Degree or title) — ADDRESS 1726 Eye St. N.W. Washington — DATE SIGNED JUN 23 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-24-49	NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	LOCATION (City, town, or county) (State) Washington, D C
DATE REC'D BY LOCAL REG. 6-23-49	REGISTRAR'S SIGNATURE W.E. Jobes	24. FUNERAL DIRECTOR JOSEPH GAWLER'S SONS	ADDRESS 1756 Pa Ave N W D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05941

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10600 Ordway Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10600 Ordway Drive

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Mears (Last) Toney XXXXX Adams

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 26, 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months 6, Days 1, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waycross, Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown - Lang

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs. Annye Weldon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Interval: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

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940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Boschart M.D. Gaithersburg Md 6-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 27, 1949 | NAME OF CEMETERY OR CREMATORY: Colesville Cemetery | LOCATION (City, town, or county) (State): Montgomery, Maryland

DATE REC'D BY LOCAL REG.: June 26, 1949 | REGISTRAR'S SIGNATURE: Josephine M Schaeffer | 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. | ADDRESS: 8434 Georgia Ave. S. S. Md.

RECEIVED
JUN 30 1949
BUREAU V. S.

05942

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Campbells Corner
LENGTH OF STAY (In this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In Automobile

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3919 McKinley St. N,W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) R. (Last) Transue
4. DATE OF DEATH (Month) June (Day) 15 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Smarried
8. DATE OF BIRTH Feb.2,1929
9. AGE last birthday 20 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Russel L. Transue
14. MOTHER'S MAIDEN NAME Dolores Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes
17. INFORMANT Russel L. Transue (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to Bullet wound thru skull	died instantly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

919.5
184

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Playing "Russian Roulette"

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) md.
TIME OF INJURY (Month) (Day) (Year) (Hour) June 15 '49 - 12:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 6-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/17/49
NAME OF CEMETERY ~~OR CREMATORY~~ Ft. Lincoln
LOCATION (~~City~~, town, or county) (State) Prince George, Maryland

DATE REC'D BY LOCAL REG. 6-16-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05943

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural) | LENGTH OF STAY (In this place) 76 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morgantown.
STREET ADDRESS (If rural, give location) 701 Cambridge Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (n) (Last) WASHINGTON
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-31-98
9. AGE last birthday: 51 yrs. | If under 1 year: Months 2 Days 23 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (Real Estate)
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James C. Washington, West Va., Dec.
14. MOTHER'S MAIDEN NAME: Mary Mullers, New York, Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 183
17. INFORMANT: (Wife) Mrs Laurette S. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) G.I Hemorrhage	16 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ulcerative Colitis (unwind)	5 yrs.
	(c)	

5722
1206

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 April, 1949, to 24 June, 1949, that I last saw the deceased alive on 24 June, 1949, and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE: D.E. Billman | (Degree or title) LTJG, MC, USN | ADDRESS U S NAVAL HOSPITAL | DATE SIGNED 6-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-28-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REG. 6-27-49 | REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR | ADDRESS S.H.HINES CO. 2901 14th St.N.W. Wash.D.C.

The S. H. Hines Co.
Asst.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05944

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1411 Varnum St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) S. (Last) Whipp

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Mar 17, 1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Frederick Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Horine | 14. MOTHER'S MAIDEN NAME: Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: John Horine (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension, arteriosclerosis

(c) Acute cardiac dilatation

449 / 95c

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1949, to 6/5, 1949, that I last saw the deceased alive on 6/5, 1949, and that death occurred at 4:46 P.m., from the causes and on the date stated above.

SIGNATURE: Frank G. Jaggard Jr. | (Degree or title) M.D. | ADDRESS 5707 Wisconsin Ave. Chevy Chase Md. | DATE SIGNED 6/5/49

23. BURIAL, CREMATION / REMOVAL (Specify): Removal | DATE: June 5/49 | NAME OF CEMETERY OR CREMATORY: Frederick, Md. | LOCATION (City, town, or county): Frederick City | (State): Md.

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE: W.E. Jobes | 24. FUNERAL DIRECTOR: M.R. Etchison & Son | ADDRESS: Frederick, Md

VS. A15

RECEIVED
JUN 9 1949
BUREAU V. S.